WIC Dietary Assessment Validation Study

Executive Summary

Acknowledgments

SECTION 1 - EXECUTIVE SUMMARY

The Food and Nutrition Service (FNS) of the U. S. Department of Agriculture initiated research in September 1992 to validate two sets of food frequency questionnaires (FFQs) in a study population made up of women and children eligible for the Special Supplemental Food Program for Women, Infants and Children (WIC). The purpose was to determine the comparative performance of these FFQs in ranking respondents with respect to the "true" dietary intake. In this study, true dietary intake was measured by three non-consecutive 24-hour diet recalls collected through a telephone interview. The two food frequency questionnaires tested were the:

- *Harvard FFQ* - Women's Food Frequency Questionnaire (WFFQ) and Children's Food Frequency Questionnaire (CFFQ) developed by Dr. Jane Gardner at Harvard University; and the

- *Block FFQ* - developed by Dr. Gladys Block at the University of California, Berkeley.

Food frequency questionnaires attempt to estimate dietary intake of an individual by asking how often specific foods are consumed. Based upon previous studies, the Harvard and Block FFQs each ask about a list of foods most commonly consumed by participants in the WIC program. These two FFQs differ on several dimensions, such as the number of food items (Harvard, 80 items; Block, 65 items), specific food items, the way food items are grouped, the frequency categories, and scoring methods. The Block FFQ also differs from the Harvard FFQ in that it asks an individual to approximate the usual portion size (small, medium or large) of each food item consumed.

Both the Harvard and Block FFQs have a woman's version and a child's version. The woman's version is designed for a woman to fill out about her own diet while the child's version is designed for a mother to fill out about the diet of her child (age 1-4).

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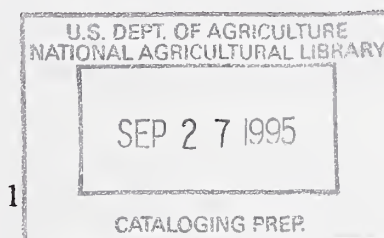
Study Population

The population for this study consisted of four WIC categories and three ethnic/racial groups. The four WIC categories studied were:

- Pregnant women;
- Breastfeeding, postpartum women;
- Non-breastfeeding, postpartum women; and
- Children ages 1.0 through 4.9 years.

Within each of these four WIC categories, study participants were recruited to represent the following three "self-identified" ethnic/racial groups:

- African American;
- Hispanic; and
- White.

The study population was recruited from within the East, West, Southwest and Central regions of the United States. The specific field sites selected for recruitment were:

- Hempstead, New York;
- Berkeley and Oakland, California;
- Houston, Texas; and
- Cincinnati, Ohio.

Sample Design and Size

A stratified, rectangular sample design was used in this study. For each of the two FFQs (Harvard and Block), approximately 75 women in each of the three WIC categories (pregnant, breastfeeding and non-breastfeeding) and 75 children were sought. On the dimension of ethnicity, the target sample size was approximately 75 women in each of the three ethnic groups. Based on this design, a minimum of 600 participants, i.e., 300 for each of the two FFQs recruited across the four geographic regions, constituted this validation study's desired sample size. By the completion of the data collection period (July 1993 to January 1994) a combined total of 969 women and children had been

recruited, and of these, 650 had sufficiently adequate 24-hour recall data to be used in the final analyses.

Study Data

Participants recruited into the study were required to complete an initial administration of either the Harvard FFQ or the Block FFQ (FFQ-1), three non-consecutive 24-hour diet recalls, and a second administration of the FFQ (FFQ-2). The three diet recalls were collected by telephone interviews utilizing two-dimensional food models and were analyzed with the Minnesota Nutrition Data System (NDS 32). The recalls were used as the reference data for the validation study, providing an estimate of usual intake for the nutrients of interest to FNS and the WIC program. In analyzing the study data, the recall reference data were compared to the nutrient intake estimates resulting from the FFQ administrations. The study also compared manual and computerized scoring methods for both types of FFQs.

The following nutrients are targeted by the WIC Program and were examined in this study: protein, vitamin A, vitamin C, iron and calcium. Additionally, estimates of total energy were assessed because energy is important to pregnancy, lactation, growth and child development, and because the estimates are potentially useful for performing nutrient density calculations.

In addition to the validation and scoring investigations, an evaluation of FFQ usability was conducted. Data were collected systematically for both sets of FFQs, on each of the following:

Usability for the client
- Time required for FFQ completion by participants
- Amount of assistance required by participants
- Number and type of errors

Usability for WIC staff
- Time required to manually score FFQs
- Ease of manual scoring

- Usefulness of FFQs to WIC staff for nutrition education and determining eligibility
- Opinions and recommendations from WIC staff.

Analytic Approach

A central purpose of FFQs, both for research and for WIC purposes, is to place individuals along a distribution of intake from low to high. Accuracy of the point estimates (group means), while useful for some purposes, provides no test whatsoever of the ability of an instrument to determine correctly whether an individual's intake is low or high. FFQ group means can be identical to diet recall group means and yet provide no ability to rank individuals; and conversely, FFQ group means can be significantly different from the diet recall means, but the FFQ may rank individuals quite well. Therefore, to be relevant for estimating whether an individual is at increased nutritional risk, a proposed FFQ must produce adequate <u>correlations</u> with reference data. It is correlation or categorization that forms the criterion for whether an instrument can provide a reasonably accurate estimation of an individual's location along the continuum from low to high intake.

Results

A Balanced Study Population

The recruited Harvard and Block study populations were well balanced, that is, not statistically different from each other in age, distribution among WIC categories, ethnicity, prior WIC experience, language (Spanish and English) and education. This remained true after cases with questionably high diet recall nutrient values were dropped from the analyses.

Rapid Completion of FFQs

Both types of FFQs were completed in less than 10 minutes by both African-

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American and White study subjects, and in less than 15 minutes by Hispanic study subjects. For all women, the Block FFQ took longer to complete than the Harvard FFQ with a median time of 9.5 minutes for Block *versus* 8 minutes for Harvard.

The Block FFQ Is More Valid for White and African-American Women

The Block FFQ achieved higher correlations than the Harvard FFQ in three-fourths of the nutrient correlations examined (see Table 1, page 6). Among African-American and White women, 9 of the 12 Block FFQ correlations (six nutrients per ethnic group) were equal to or greater than 0.4, while only one of 12 Harvard FFQ correlations was that high (note: perfect correlation = 1.0). In addition to agreement as estimated by correlations, the Block FFQ performed better than the Harvard FFQ for African-American and White women in its ability to categorize them as *high*, *medium* or *low* with respect to their true dietary intake. The Block FFQ showed significant agreement between quartile rankings by FFQ and 24-Hour Recall nutrient estimates for all six nutrients of interest (energy, protein, vitamin A, vitamin C, iron and calcium). For the Harvard FFQ, statistically significant agreement was seen for protein and calcium only.

Use of Small-Medium-Large Portion Sizes Improves Validity of the Block FFQ

The Block FFQ permits respondents to describe their usual portion of each food item as small, medium or large. These reported portion sizes were used in the analyses of this validation study. The effect of eliminating these multiple portion sizes from the questionnaire for purposes of simplification was examined. When a medium portion size was substituted for all responses and the correlations recalculated, the results were poorer. The use of a standard medium portion size with the Block FFQ is therefore not recommended.

Neither FFQ Is Valid for Hispanic Women

Although the Harvard FFQ had generally higher correlations than Block for Hispanic women, validity correlations for both were quite poor and thus neither FFQ is recommended in a self-administered form for either nutrient estimates or to evaluate WIC

TABLE 1

Validity Coefficients for Harvard and Block

		All Cases Included	
		Harvard	Block
African American	Energy	0.18	0.53
	Protein	0.22	0.46
	Vitamin A	0.00	0.28
	Vitamin C	−0.36	0.32
	Iron	0.02	0.40
	Calcium	0.27	0.46
Hispanic	Energy	0.19	0.14
	Protein	0.13	0.09
	Vitamin A	0.40	0.15
	Vitamin C	0.28	0.17
	Iron	0.28	−0.01
	Calcium	0.18	0.15
White	Energy	0.27	0.44
	Protein	0.33	0.53
	Vitamin A	0.28	0.62
	Vitamin C	0.33	0.20
	Iron	0.27	0.47
	Calcium	0.40	0.56
All Women	Energy	0.19	0.37
	Protein	0.24	0.35
	Vitamin A	0.21	0.32
	Vitamin C	0.13	0.30
	Iron	0.20	0.26
	Calcium	0.29	0.42
Pregnant	Energy	0.22	0.30
	Protein	0.29	0.32
	Vitamin A	0.29	0.26
	Vitamin C	0.12	0.18
	Iron	0.32	0.05
	Calcium	0.41	0.37
Breastfeeding	Energy	0.23	0.25
	Protein	0.18	0.22
	Vitamin A	0.23	0.26
	Vitamin C	0.05	0.22
	Iron	0.06	0.28
	Calcium	0.17	0.31
Non-Breastfeeding	Energy	0.14	0.48
	Protein	0.18	0.44
	Vitamin A	0.09	0.38
	Vitamin C	0.17	0.38
	Iron	0.20	0.37
	Calcium	0.23	0.43
Children	Energy	0.13	0.14
	Protein	0.19	0.15
	Vitamin A	0.28	0.03
	Vitamin C	0.10	0.19
	Iron	0.01	0.15
	Calcium	0.27	0.04

Validity Coefficients for Harvard and Block

eligibility. For Hispanic women, both FFQs could possibly be used for nutrition education and counseling purposes but not for eligibility determination.

Neither FFQ Is Valid for Children

Among mothers and caretakers reporting for children, ages 1-4, it was found that neither FFQ can be recommended for use in a self-administered form to estimate nutrient intake or to evaluate WIC eligibility. It is possible, however, that a simple set of brief behavioral questions, such as "How often do you give your child fruit?" or "How often do you give your child vegetables?," may be more appropriate for this group. This approach could provide sufficiently useful information for education and counseling purposes and perhaps for eligibility as well. Obtaining precise nutrient estimates to evaluate WIC eligibility for children may not be possible by any method because of the measurement errors associated with proxy reporting.

Manual Scoring May Be Useful to Evaluate Eligibility

It was found that the manual scoring of both instruments is rapid and easy, once familiarity with the scoring system is attained. The amount of time to manually score the participants' first FFQ (FFQ-1) was virtually identical for both Harvard and Block FFQs, with a median time of 3.0 minutes and an average of just under 4 minutes for both. These identical averages both went down to 3.2 minutes for the second FFQ administration (FFQ-2).

In terms of validity, flexibility, and the ability to distinguish between groups with lower or higher nutrient intakes, the Block manual scoring system performed better than the Harvard manual scoring. Among African-American and White women classified as either "low" or "adequate" using the Block manual scores, the "low" group had a significantly lower mean nutrient intake (24-hour recall data) than the "adequate" group for all five nutrients of interest. Only one Harvard FFQ manual score (calcium) achieved statistical significance. Because groups with low nutrient intakes can better be identified by the Block manual score, this score may be useful for evaluating eligibility.

Below the RDA for One or More Nutrients is an Inappropriate Eligibility Criterion

On the basis of the diet recall data alone, 95% of the participants in this validation study were below 100% of the RDA on at least one of the five nutrients of interest (protein, vitamin

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A, vitamin C, iron, calcium). An eligibility criterion of falling below 100% of the RDA on one or more of the five nutrients would then qualify virtually all income-eligible women and children.

Usefulness for Nutrition Education

Opinions were solicited from WIC clinic staff in three states unconnected with the research project. They voluntarily provided assessments of the FFQs' usability. They reported that both FFQs were generally useful in collecting dietary assessment information that was helpful in providing nutrition education to WIC clients. Some believed that the Harvard manual score related better to WIC eligibility criteria and to nutrition education models such as the "food pyramid," and they liked the manual score's easy, *pass-fail* system for rating each food group. WIC agency staff also felt that the Block portion quantity question regarding *how much each time* proved useful for discussing portion sizes with clients.

Few Errors by Most Participants

Relatively little assistance was required by respondents in completing the FFQs. Average assistance scores for both Harvard and Block FFQs were between *no assistance* and *little assistance*. Neither the Harvard nor the Block FFQ had a sufficiently large number of skipped food items to be considered a serious source of error.

Further Research

1) Although the FFQs cannot be recommended for Hispanic women, this limitation may be possible to correct with further work. Some examples would be: examination of FFQ validity when administered by interview; and investigating culturally-specific issues related to concepts of food, diet and frequency of food intake.

2) The Block estimates of vitamin C and calcium can be improved by modifying the frequency categories that were used to assess juices and milk in this study's version of the Block FFQ. Estimates of these nutrients in other validation studies with the Block FFQ were much better using different frequency categories for juices and milk.

3) Block manual score cutpoints can be identified that will more accurately reflect the proportion of the population with nutrient intake below the RDA. The cutpoints for manual

scoring used in this study were set before the intake distribution for this WIC population was known.

4) Because neither FFQ worked well for children, a brief set of questions can be identified and tested for assessing appropriate dietary intake among children.

Summary

In 1985 the General Accounting Office (GAO) called for a more valid and consistent method of assessing dietary risk in the WIC program and recommended that there be more standardization in the way that WIC eligibility is determined throughout the country. This study has provided a basis for meeting these recommendations. The validity and limitations of these two FFQs are now known. These results provide a foundation for achieving the desired validity and consistency in dietary assessment in the WIC program.

Among mothers and caretakers reporting for children, ages 1-4, neither the Harvard nor Block FFQ can be recommended for use in a self-administered form to estimate nutrient intake or to evaluate WIC eligibility. For women, however, improvements are still needed and are possible for both FFQs. Even in its present state, the Block FFQ produces correlations with reference data for White and African-American WIC-eligible women which are not substantially different from correlations previously demonstrated in better educated groups. Neither FFQ performs adequately for Hispanic women. Some of the reasons for this may pertain as much to the adequacy of the reference data as to the adequacy of the FFQs themselves. Thus, the potential usability of FFQs for Hispanic populations should not be discounted, but further investigation is clearly needed.

APPENDIX A

BLOCK FOOD FREQUENCY QUESTIONNAIRE

- Cover Page for Block FFQ   (Women's English Version)

- Block FFQ for Women   (English Version)

- Block FFQ for Women   (Spanish Version)

- Block FFQ for Children   (English Version)

- Block FFQ for Children   (Spanish Version)

The Block Food Frequency Questionnaires
can be purchased from:

Dr. Gladys Block
419 Warren Hall
University of California at Berkeley
Berkeley, California 94720
(510) 643-7896
Fax (510) 643-6981

Foods You Ate in the Past 4 Weeks

Your Name: _____

This form will take about 15 minutes to complete.

OMB Disclosure Statement

Public reporting burden for this collection of information is estimated to vary from 10 - 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Agriculture Clearance Officer OIRM, Room, 404-W. Washington, D.C. 20250; and to the Office of Management and Budget Paperwork Reduction Project (OMB NO 0578-0018), Washington, D.C. 20503.

AWE | 1 | | | | | |

Scale 75% of original

Foods You Ate in the Past 4 Weeks

- This form asks about some of the foods you ate in the past 4 weeks. Remember to include meals and snacks eaten at home or out.

- For every food, please mark with an "X" how often you ate that food.
  For example, if you drank orange juice twice a week in the past 4 weeks, put an "X" in the box under "2 per week" (see example below).

- Please tell us how much of that food you usually eat each time. Put an "X" under "How Much Each Time?" for small, medium, or large. Is the amount small, medium or large compared to other women your age? *Look at the example below for a large glass of orange juice.*

- For some foods the "How Much" will be very specific. *For example, if you ate bread twice a day and usually had about one · slice each time, you would put an "X" over the "1" for 1 slice (see example).*

Example:

Foods You Ate in the Past 4 Weeks	Almost Never	PER MONTH 1 time last month	PER MONTH 2-3 last month	PER WEEK 1 time per week	PER WEEK 2 per week	PER WEEK 3-4 per week	PER WEEK 5-6 per week	PER DAY 1 per day	PER DAY 2+ per day	AMOUNT Small	AMOUNT Medium	AMOUNT Large
How Often in the Past 4 Weeks?										How Much Each Time?		
Orange juice					X							X
Bread, including sandwiches, bagels and burger rolls									X	Slices (each time) X	2	3+

Foods You Ate in
the Past 4 Weeks

How Often in the Past 4 Weeks?

**How Much
Each Time?**

	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
1 Bananas												
2 Oranges												
3 Peaches, cantaloupe												
4 Apples, grapes or any other fruit												

	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
5 Tomatoes												
6 Broccoli												
7 Greens, spinach												
8 Cole slaw, cabbage												
9 Carrots												
10 Green salad												
11 Salad dressing												
12 Potatoes including French fries												
13 Sweet potatoes, yams												
14 Cooked green peppers, chile rellenos												
15 Any other vegetable												

0   0   0   '   '   2   2   3   4

Page 1

Vit C Vit A Prot Iron Cal

Scale 75% of original

How Often in the Past 4 Weeks?

How Much Each Time?

Foods You Ate in the Past 4 Weeks

		Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
			1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
16	Cooked cereals, grits												
17	Cold cereals, such as Cheerios, with or without milk												
18	Milk on cereal												
19	Eggs										Eggs 1	2	3+
20	Bacon, sausage, links										Pieces 1	2	3+

		Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
			1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
21	Spaghetti with tomato sauce												
22	Hamburgers, cheeseburgers, beef burritos, tacos												
23	Beef (steak or roast), ribs												
24	Mixed dishes with beef like beef stew												
25	Liver including chicken liver												
26	Pork, pork chops, roasts												
27	Fried chicken												
28	Other chicken (stewed, baked or roasted)												
29	Tuna sandwich or tuna casserole												
30	Fish, fish sandwich												

0   0   0   1   1   2   2   3   4

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Vit C   Vit A   Prot   Iron   Calc

Scale 75% of original

Foods You Ate in the Past 4 Weeks

How Often in the Past 4 Weeks?

How Much Each Time?

Foods You Ate in the Past 4 Weeks	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
31 Beans like pinto or refried beans												
32 Rice												
33 Chili with meat or beans (American style)												
34 Vegetable soup, tomato soup												
35 Any other soup												
36 Pizza										Slices 1 | 2 |3+		
37 Lunch meats, sliced ham										Slices 1 | 2 |3+		
38 Hot dogs										Hot Dogs 1 | 2 |3+		

Foods You Ate in the Past 4 Weeks	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
39 Biscuits, muffins												
40 Corn bread, corn muffins												
41 Margarine or butter												
42 Cheese and cheese spread												
43 Mixed dishes with cheese, macaroni and cheese												
44 Salsa, taco sauce, ketchup, hot red peppers												
45 Bread, including sandwiches, bagels and burger rolls										Slices (each time) 1 | 2 |3+		
46 Corn tortillas										Tortillas (each time) 1 | 2 |3+		
47 Flour tortillas										Tortillas (each time) 1 | 2 |3+		

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How Often in the Past 4 Weeks?

How Much Each Time?

Do Not Write Below

Foods You Ate in the Past 4 Weeks

		Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
			1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
48	Chips, popcorn, crackers, pork skins												
49	Peanuts, peanut butter												
50	Ice cream or pudding												
51	Yogurt, frozen yogurt (including lowfat)												
52	Donuts, pastry												
53	Cake, cookies												
54	Chocolate candy, candy bars												
		0	0	0	1	1	2	2	3	4			

		Almost Never	1-3 times last month	PER WEEK			PER DAY				AMOUNT		
				1 time per week	2-4 per week	5-6 per week	1 per day	2 per day	3-4 per day	5-6 per day	Small	Medium	Large
55	Orange juice												
56	Apple juice, grape juice												
57	Kool-Aid, fruit drinks, Hi-C												
58	Lowfat and skim milk (not including milk on cereal)												
59	Regular milk (not including milk on cereal)												
60	Milk or cream in coffee or tea												
61	Regular soft drinks (not diet soda)												
62	Beer (all types)												
63	All types of wine, wine coolers												
64	Liquor (all types)												
65	Sugar in coffee, tea or on cereal (not sugar substitutes)										Teaspoons 1 2 3+		
		0	0	0	1	2	3	4	5	6			

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Vit C   Vit A   Prot   Iron   Calc

During the past 4 weeks, how many pills did you usually take?

Multiple Vitamins

	None	PER WEEK		PER DAY				
		1-3 per week	4-6 per week	1 per day	2 per day	3 per day	4 per day	5+ per day
66 Prenatal vitamins								
67 Multiple vitamins like One-a-Day tablets								

Single Vitamins

	None	PER WEEK		PER DAY				
		1-3 per week	4-6 per week	1 per day	2 per day	3 per day	4 per day	5+ per day
68 Iron pills								
69 Calcium pills								
70 Vitamin E pills								
71 Vitamin C pills								

	100	250	500	1000	Don't Know
72 If you take Vitamin C, how many milligrams of Vitamin C is in each tablet?					

Thank you for completing this form!

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Page 4

TOTAL

Vit C   Vit A   Prot   Iron   Calc

Scale 75% of original

Alimentos Que Usted Comió en las Ultimas 4 Semanas

- Este cuestionario le pregunta sobre algunos de los alimentos que usted comió en las últimas 4 semanas. Acuérdese de incluir comidas y meriendas/entre comidas dentro y afuera de su casa.

- Para cada alimento, por favor marque con una "X" debajo de la casilla que indica que tan seguido usted comió ese alimento. *Por ejemplo, si usted bebió jugo de naranja dos veces por semana en las últimas 4 semanas, marque con una "X" en la casilla bajo "2 por semana" (vea el ejemplo que sigue).*

- Por favor dejenos saber la cantidad de ese alimento que se come cada vez. ¿Es la cantidad pequeña, mediana o grande <u>comparada con otras mujeres de su edad?</u> Marque con una "X" bajo "¿Cuánto Cada Vez?", escogiendo entre <u>Chico</u>, <u>Mediano</u> y <u>Grande</u>. *Fíjese en el ejemplo que sigue para un vaso de jugo de naranja <u>grande</u>.*

- Para algunos alimentos, "¿Cuánto Cada Vez?" será muy específico. *Por ejemplo, si usted comió pan dos veces al día y usualmente se comió una rebanada <u>cada vez</u>, usted marca con una "X" sobre el "1" por una rebanada (vea el ejemplo que sigue).*

Ejemplo:

Comidas Que Comió en las Ultimas 4 Semanas	¿Qué Tan Seguido en las Ultimas 4 Semanas?								¿Cuánto Cada Vez?		
		POR MES		POR SEMANA				POR DIA		CUANTO		
		1 al mes	2-3 al mes	1 por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
Jugo de naranja/china					X							X
Pan incluyendo sandwiches, bagels y pan de hamburguesa									X	¿Cuánto cada vez? X 2 3+		

Por Favor No Escriba Abajo

¿Qué Tan Seguido en las Ultimas 4 Semanas?

¿Cuánto Cada Vez?

Comidas Que Comió en las Ultimas 4 Semanas

	Comidas Que Comió	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
			1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
1	Plátanos/guineos/bananos												
2	Naranjas/chinas												
3	Melocotones/duraznos o melón cantalupo												
4	Manzanas, uvas u otra fruta												

		Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
			1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
5	Tomates												
6	Broccoli/brecol												
7	Espinaca												
8	Ensalada de col, repollo												
9	Zanahorias												
10	Ensalada de lechuga												
11	Aderezo para ensalada, o mayonesa, aliño												
12	Papas Incluyendo papas fritas												
13	Batatas, ñames, camotes												
14	Chile rellenos												
15	Cualquier otra verdura/vegetal												

Page 1

Vit C   Vit A   Prot   Iron   Calc

Scale 75% of original

¿Qué Tan Seguido en las Ultimas 4 Semanas?

¿Cuánto Cada Vez?

Comidas Que Comió en las Ultimas 4 Semanas	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
16 Cereal cocido												
17 Cereales fríos, como Cheerios, con o sin leche												
18 Leche en cereal												
19 Huevos/blanquillos										Huevos 1 | 2 |3+		
20 Tocineta/tocino, salchichas										¿Cuánto? 1 | 2 |3+		

	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
21 Espagheti con salsa de tomate												
22 Hamburguesas, hamburguesas con queso, burritos de res, tacos												
23 Bistec o rosbif/carne de res, costillas												
24 Caldo de res												
25 Higado incluyendo higado de pollo												
26 Cerdo incluyendo chuletas, asados, puerco/marrano												
27 Pollo frito												
28 Otro pollo (pollo en caldo, horneado o asado)												
29 Sandwich de atun o "tuna casserole"												
30 Pescado o sandwich de pescado												

0   0   0   '   '   2   2   3   4

Page 2

Por Favor No Escriba Abajo

¿Qué Tan Seguido en las Ultimas 4 Semanas?

¿Cuánto Cada Vez?

Comidas Que Comió en las Ultimas 4 Semanas

	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
31 Frijoles como frijol pinto o refritos o habichuelas												
32 Arroz												
33 "Chili con carne" estilo americano												
34 Sopa o caldo de verduras/ vegetales o tomates sin res o pollo												
35 Otras sopas o caldos												
36 Pizza										Rebanadas 1 | 2 | 3+		
37 Jamón, fiambres, carnes frías, carne de lonche										Rebanadas 1 | 2 | 3+		
38 Hot dog/perro caliente										Hot Dogs 1 | 2 | 3+		

	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
39 Panecillos, bizcochos/ bisquetes												
40 Pan de maíz, panecillos de maíz												
41 Margarina o mantequilla												
42 Queso y queso crema												
43 Platillos con queso incluyendo macarrón con queso												
44 Salsa, ketchup, chiles rojos picantes												
45 Pan incluyendo sandwiches, bagels y pan de hamburguesa										Cada vez 1 | 2 | 3+		
46 Tortillas de maíz/masa										Tortillas (cada vez) 1 | 2 | 3+		
47 Tortillas de harina										Tortillas (cada vez) 1 | 2 | 3+		

Page 3

Vit C   Vit A   Prot   Iron   Calc

Scale 75% of original

¿Qué Tan Seguido en las Ultimas 4 Semanas?

¿Cuánto Cada Vez?

Comidas Que Comió en las Ultimas 4 Semanas	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
48 Bocaditos salados como papitas fritas, palomitas de maíz, chicharrón de puerco												
49 Maníes/cacahuates, mantequilla de maní/crema de cacahuate												
50 Helado/nieve/mantecado, budín/pudín												
51 Yogurt o yogurt congelado												
52 Donas, pan dulce												
53 Pastel, tortas, galletas												
54 Dulce de chocolate												
	0	0	0	1	1	2	2	3	4			

	Casi Nunca	1-3 en el mes pasado	POR SEMANA			POR DIA				CUANTO		
			1 vez por semana	2-4 por semana	5-6 por semana	1 por día	2 por día	3-4 por día	5-6 por día	Chico	Mediano	Grande
55 Jugo de naranja/china												
56 Jugo de manzana o de uva												
57 Kool-Aid o bebidas de fruta, aguas frescas												
58 Leche descremada/"lowfat" (sin incluir leche en cereal)												
59 Leche entera/"whole" (sin incluir leche en cereal)												
60 Leche o crema con café o té												
61 Sodas (sin incluir sodas de dieta)												
62 Cerveza												
63 Todo tipo de vino, "wine coolers"												
64 Licor, todo tipo de licor												
65 Azúcar en café, té o con cereal (sin incluir azucar de dieta)												
	0	0	0	1	2	3	4	5	6			

Page 4

Vit C   Vit A   Prot   Iron   Cal.

Scale 75% of original

¿Durante las últimas 4 semanas, cuántas
píldoras se tomó usualmente?

Vitaminas Múltiples

	Ninguna	POR SEMANA		POR DIA				
		1-3 por semana	4-6 por semana	1 por día	2 por día	3 por día	4 por día	5+ por día
66 Vitaminas prenatales								
67 Vitaminas múltiples como Vitamina Una al Día								

Vitaminas Individuales

	Ninguna	POR SEMANA		POR DIA				
		1-3 por semana	4-6 por semana	1 por día	2 por día	3 por día	4 por día	5+ por día
68 Píldoras/tabletas de hierro								
69 Píldoras/tabletas de calcio								
70 Vitamina E								
71 Vitamina C								

	100	250	500	1000	No Sé
72 ¿Si usted toma Vitamina C, cuántos miligramos de Vitamina C tiene cada píldora?					

¡Gracias por completar este cuestionario!

Page 1

Page 2

Page 3

Page 4

TOTAL

Foods Your Child Ate in the Past 4 Weeks

- This form asks about some of the foods your child ate in the past 4 weeks. Remember to include foods eaten at day care or with relatives or friends.

- For every food, please mark with an "X" how often your child ate that food. *For example, if your child drank orange juice twice a week in the past 4 weeks, put an "X" in the box under "2 per week" (see example below).*

- Please tell us how much of that food your child usually eats each time. Is the amount small, medium or large compared to other children of the same age? Put an "X" under "How Much Each Time?" for small, medium, or large. *Look at the example below for a large glass of orange juice.*

- For some foods the "How Much" will be very specific. *For example, if your child ate bread twice a day and usually had about one slice each time, you would put an "X" over the "1" for 1 slice (see example).*

Example:

	How Often in the Past 4 Weeks?								Compared to Other Children How Much Each Time?

Foods Your Child Ate in the Past 4 Weeks	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
Orange juice					X							X
Bread, including sandwiches, bagels and burger rolls									X	Slices (each time) X	2	3+

Child's Name:_____

Compared to
Other Children
**How Much
Each Time?**

How Often in the Past 4 Weeks?

Foods Your Child Ate in the Past 4 Weeks	Almost Never	1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
		PER MONTH		PER WEEK				PER DAY		AMOUNT		
1 Bananas												
2 Oranges												
3 Peaches, cantaloupe												
4 Baby food fruit												
5 Apples, grapes or any other fruit												

Foods	Almost Never	1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
		PER MONTH		PER WEEK				PER DAY		AMOUNT		
6 Tomatoes												
7 Broccoli												
8 Greens, spinach												
9 Cole slaw, cabbage												
10 Carrots												
11 Green salad												
12 Salad dressing												
13 Potatoes including French fries												
14 Sweet potatoes, yams												
15 Cooked green peppers, chile rellenos												
16 Any other vegetable												

Page 1

Vit.C Vit.A Prot Iron Calc

Child's Name:_____

<table>
<tr><th rowspan="3">Foods Your Child Ate in the Past 4 Weeks</th><th colspan="9">How Often in the Past 4 Weeks?</th><th colspan="3">Compared to Other Children
How Much Each Time?</th></tr>
<tr><th rowspan="2">Almost Never</th><th colspan="2">PER MONTH</th><th colspan="4">PER WEEK</th><th colspan="2">PER DAY</th><th colspan="3">AMOUNT</th></tr>
<tr><th>1 time last month</th><th>2-3 last month</th><th>1 time per week</th><th>2 per week</th><th>3-4 per week</th><th>5-6 per week</th><th>1 per day</th><th>2+ per day</th><th>Small</th><th>Medium</th><th>Large</th></tr>
<tr><td>17 Cooked cereals, grits, hot baby food cereals</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>18 Cold cereals, such as Cheerios, with or without milk</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>19 Milk on cereal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>20 Sugar on cereal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3">Teaspoons
1   2   3+</td></tr>
<tr><td>21 Eggs</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3">Eggs
1   2   3+</td></tr>
<tr><td>22 Bacon, sausage, links</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3">Pieces
1   2   3+</td></tr>
</table>

<table>
<tr><th rowspan="3">Foods</th><th rowspan="2">Almost Never</th><th colspan="2">PER MONTH</th><th colspan="4">PER WEEK</th><th colspan="2">PER DAY</th><th colspan="3">AMOUNT</th></tr>
<tr><th>1 time last month</th><th>2-3 last month</th><th>1 time per week</th><th>2 per week</th><th>3-4 per week</th><th>5-6 per week</th><th>1 per day</th><th>2+ per day</th><th rowspan="1">Small</th><th>Medium</th><th>Large</th></tr>
<tr><td>23 Spaghetti with tomato sauce</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>24 Hamburgers, cheeseburgers, beef burritos, tacos</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>25 Beef (steak or roast), ribs</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>26 Mixed dishes with beef like beef stew</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>27 Liver including chicken liver</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>28 Pork, pork chops, roasts</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>29 Fried chicken</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>30 Other chicken (stewed, baked or roasted)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>31 Tuna sandwich or tuna casserole</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>32 Fish, fish sandwich</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

Do Not Write Below

Page 2

Child's Name: _____

How Often in the Past 4 Weeks?

Compared to Other Children How Much Each Time?

Foods Your Child Ate in the Past 4 Weeks	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
33 Beans like pinto or refried beans												
34 Rice												
35 Chili with meat or beans (American style)												
36 Vegetable soup, tomato soup												
37 Any other soup												
38 Pizza										Slices 1	2	3+
39 Lunch meats, sliced ham										Slices 1	2	3+
40 Hot dogs										Hot Dogs 1	2	3+

Foods	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
41 Biscuits, muffins												
42 Corn bread, corn muffins												
43 Margarine or butter												
44 Cheese and cheese spread												
45 Mixed dishes with cheese, macaroni and cheese												
46 Salsa, taco sauce, ketchup, hot red peppers												
47 Bread, including sandwiches, bagels and burger rolls										Slices (each time) 1	2	3+
48 Corn tortillas										Tortillas (each time) 1	2	3+
49 Flour tortillas										Tortillas (each time) 1	2	3+

0   0   0   1   1   2   2   3   4

VH C   Vit A   Prot   Iron   Calc

Child's Name:_____

Compared to Other Children
How Much Each Time?

How Often in the Past 4 Weeks?

Foods Your Child Ate in the Past 4 Weeks	Almost Never	PER MONTH		PER WEEK				PER DAY		AMOUNT		
		1 time last month	2-3 last month	1 time per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	Small	Medium	Large
50 Chips, popcorn, crackers, pork skins												
51 Peanuts, peanut butter												
52 Ice cream or pudding												
53 Yogurt, frozen yogurt (including lowfat)												
54 Donuts, pastry												
55 Cake, cookies												
56 Chocolate candy, candy bars												
	0	0	0	1	1	2	2	3	4			

Foods	Almost Never	1-3 times last month	PER WEEK			PER DAY				AMOUNT		
			1 time per week	2-4 per week	5-6 per week	1 per day	2 per day	3-4 per day	5-6 per day	Small	Medium	Large
57 Orange juice												
58 Apple juice, grape juice												
59 Kool-Aid, fruit drinks, Hi-C												
60 Lowfat and skim milk (not including milk on cereal)												
61 Regular milk (not including milk on cereal)												
62 Regular soft drinks (not diet soda)												
	0	0	0	1	2	3	4	5	6			

Page 4

Hi C   Hi A   Fruit   Low   Cak

Scale 75% of original

Child's Name:_____

During the past 4 weeks, how many pills did your child usually take?

Multiple Vitamins
Pills, chewable tablets or liquid

	None	PER WEEK		PER DAY				
		1-3 per week	4-6 per week	1 per day	2 per day	3 per day	4 per day	5+ per day
63 Multiple vitamins like One-a-Day tablets, children's vitamins								

Single Vitamins
Pills, chewable tablets or liquid

	None	PER WEEK		PER DAY				
		1-3 per week	4-6 per week	1 per day	2 per day	3 per day	4 per day	5+ per day
64 Iron pills								
65 Calcium pills								
66 Vitamin E pills								
67 Vitamin C pills								

	100	250	500	1000	Don't Know
68 If your child takes Vitamin C, how many milligrams of Vitamin C is in each tablet?					

Thank you for completing this form!

Page 1					
Page 2					
Page 3					
Page 4					
TOTAL					

Vit C Vit A Prot Iron Calc

Scale 75% of original

Alimentos Que Su Niño/a Comió en las Ultimas 4 Semanas

- Este cuestionario le pregunta sobre algunos de los alimentos que su niño/a se comió en las últimas 4 semanas. Acuérdese de incluir los alimentos que se hayan comido en la guardería infantil o con familiares o amistades.

- Para cada alimento, por favor marque con una "X" debajo de la casilla que indica que tan seguido su niño/a comió ese alimento. *Por ejemplo, si su niño/a bebió jugo de naranja dos veces a la semana en las últimas 4 semanas, marque con una "X" en la casilla debajo de "2 por semana" (vea el ejemplo que sigue).*

- Por favor dejenos saber la cantidad de ese alimento que su niño/a se come cada vez. ¿Es la cantidad pequeña, mediana o grande <u>comparada con otros niños de la misma edad?</u> Marque con una "X" bajo "¿Cuánto Cada Vez?", escogiendo entre <u>Chico</u>, <u>Mediano</u> y <u>Grande</u>. *Fíjese en el ejemplo que sigue para un vaso de jugo de naranja <u>grande</u>.*

- Para algunos alimentos, "¿Cuánto Cada Vez?" será muy específico. *Por ejemplo, si su niño/a comió pan dos veces al día y usualmente se comió una rebanada <u>cada vez</u>, usted marca con una "X" sobre el "1" por una rebanada (vea el ejemplo que sigue).*

Ejemplo:

Comidas Que Su Niño/a Comió en las Ultimas 4 Semanas	Casi nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez al mes pasado	2-3 al mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
Jugo de naranja/china					X							X
Pan incluyendo sandwiches, bagels y pan de hamburguesa									X	¿Cuánto cada vez? X	2	3+

¿Qué Tan Seguido en las Ultimas 4 Semanas?

Comparado a otros niños ¿Cuánto Cada Vez?

Scale 75% of original

Nombre del Niño/a: _____

¿Qué Tan Seguido en las Ultimas 4 Semanas?

Comparado a otros niños
¿Cuánto Cada Vez?

Por Favor No Escriba Abajo

Comidas Que Su Niño/a Comió en las Ultimas 4 Semanas

		Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
			1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
1	Plátanos/guineos/bananos												
2	Naranjas/chinas												
3	Melocotones/duraznos o melón cantalupo												
4	Comida de niño fruta												
5	Manzanas, uvas u otra fruta												

		Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
			1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
6	Tomates												
7	Broccoli/brecol												
8	Espinaca												
9	Ensalada de col, repollo												
10	Zanahorias												
11	Ensalada de lechuga												
12	Aderezo para ensalada, o mayonesa, aliño												
13	Papas incluyendo papas fritas												
14	Batatas, ñames, camotes												
15	Chile rellenos												
16	Cualquier otra verdura/vegetal												

0   0   0   .   '   1   1   3   4

Page 1

Vit C   Vit A   Prot   Iron   Cals

Nombre del Niño/a: _____

¿Qué Tan Seguido en las Ultimas 4 Semanas?

Comparado a otros niños
¿Cuánto Cada Vez?

Comidas Que Su Niño/a Comió en las Ultimas 4 Semanas	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por dia	2+ por dia	Chico	Mediano	Grande
17 Cereal cocido, comida de niños cereal caliente												
18 Cereales fríos, como Cheerios, con o sin leche												
19 Leche en cereal												
20 Azúcar en cereal												
21 Huevos/blanquillos												
22 Tocineta/tocino, salchichas												

Cucharaditas
1 | 2 | 3+

Huevos
1 | 2 | 3+

¿Cuánto?
1 | 2 | 3+

Comidas	Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
		1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por dia	2+ por dia	Chico	Mediano	Grande
23 Espagheti con salsa de tomate												
24 Hamburguesas, hamburguesas con queso, burritos de res, tacos												
25 Bistec o rosbif/carne de res, costillas												
26 Caldo de res												
27 Higado incluyendo higado de pollo												
28 Cerdo Incluyendo chuletas, asados, puerco/marrano												
29 Pollo frito												
30 Otro pollo (pollo en caldo, horneado o asado)												
31 Sandwich de atún o "tuna casserole"												
32 Pescado o sandwich de pescado												

0   0   0   1   1   2   2   3   4

Page 2

Por Favor No Escriba Abajo

Vit C | Vit A | Prot | Hem | Calc

Scale 75% of original

Nombre del Niño/a: _____

Comparado a otros niños
¿Cuánto Cada Vez?

Por Favor No Escriba Abajo

¿Qué Tan Seguido en las Ultimas 4 Semanas?

Comidas Que Su Niño/a Comió en las Ultimas 4 Semanas

		Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
			1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
33	Frijoles como frijol pinto o refritos o habichuelas												
34	Arroz												
35	"Chili con carne" estilo americano												
36	Sopa o caldo de verduras/ vegetales o tomates no incluyendo res o pollo												
37	Otras sopas o caldos												
38	Pizza										Rebanadas 1 | 2 |3+		
39	Jamón, fiambres, carnes frías, carne de lonche										Rebanadas 1 | 2 |3+		
40	Hot dog/perro caliente										Hot Dogs 1 | 2 |3+		

		Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
			1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
41	Panecillos, bizcochos/ bisquetes												
42	Pan de maíz, panecillos de maíz												
43	Margarina o mantequilla												
44	Queso y queso crema												
45	Platillos con queso incluyendo macarrón con queso												
46	Salsa, ketchup, chiles rojos picantes												
47	Pan incluyendo sandwiches, bagels y pan de hamburguesa										Cada vez 1 | 2 |3+		
48	Tortillas de maíz/masa										Tortillas (cada vez) 1 | 2 |3+		
49	Tortillas de harina										Tortillas (cada vez) 1 | 2 |3+		

0   0   0   1   1   2   2   3   4

Page 3

VitC   VitA   Prot   Iron   Calc

Scale 75% of original

Nombre del Niño/a: _____

Comparado a otros niños

¿Qué Tan Seguido en las Ultimas 4 Semanas?

¿Cuánto Cada Vez?

Por Favor No Escriba Abajo

Comidas Que Su Niño/a Comió en las Ultimas 4 Semanas

		Casi Nunca	POR MES		POR SEMANA				POR DIA		CUANTO		
			1 vez en el mes pasado	2-3 en el mes pasado	1 vez por semana	2 por semana	3-4 por semana	5-6 por semana	1 por día	2+ por día	Chico	Mediano	Grande
50	Bocaditos salados como papitas fritas, palomitas de maíz, chicharrón de puerco												
51	Maníes/cacahuates, mantequilla de maní/crema de cacahuate												
52	Helado/nieve/mantecado, budín/pudín												
53	Yogurt o yogurt congelado												
54	Donas, pan dulce												
55	Pastel, tortas, galletas												
56	Dulce de chocolate												
		0	0	0	1	1	2	2	3	4			

		Casi Nunca	1-3 en el mes pasado	POR SEMANA			POR DIA				CUANTO		
				1 vez por semana	2-4 por semana	5-6 por semana	1 por día	2 por día	3-4 por día	5-6 por día	Chico	Mediano	Grande
57	Jugo de naranja/china												
58	Jugo de manzana o de uva												
59	Kool-Aid o bebidas de fruta, aguas frescas												
60	Leche descremada/"lowfat" (sin incluir leche en cereal)												
61	Leche entera/"whole" (sin incluir leche en cereal)												
62	Sodas (sin incluir sodas de dieta)												
		0	0	0	1	2	3	4	5	6			

Page 4

Vit C | Vit A | Prot | Iron | Calc

Nombre del Niño/a: _____

¿Durante las últimas 4 semanas, cuantas píldoras usualmente tomó su niño/a?

Vitaminas Múltiples
Píldoras, tabletas, o en líquido

	POR SEMANA		POR DIA				
Ninguna	1-3 por semana	4-6 por semana	1 por día	2 por día	3 por día	4 por día	5+ por día
63 Vitaminas múltiples como Vitamina Una al Día, vitaminas para niños							

Vitaminas Individuales
Píldoras, tabletas, o en líquido

	POR SEMANA		POR DIA				
Ninguna	1-3 por semana	4-6 por semana	1 por día	2 por día	3 por día	4 por día	5+ por día
64 Píldoras/tabletas de hierro							
65 Píldoras/tabletas de calcio							
66 Vitamina E							
67 Vitamina C							

	100	250	500	1000	No Sé
68 ¿Si su niño/a toma Vitamina C, cuantos miligramos de Vitamina C tiene cada píldora?					

¡Gracias por completar este cuestionario!

	Vit C	Vit A	Prot	Iron	Calc
Page 1					
Page 2					
Page 3					
Page 4					
TOTAL					

Scale 75% of original

APPENDIX B

HARVARD FOOD FREQUENCY QUESTIONNAIRE

- Harvard FFQ Administration Instructions

- Harvard FFQ Manual Scoring Templates

- Cover Page for Harvard FFQ (Women's English Version)

- Harvard FFQ for Women   (English Version)

- Harvard FFQ for Women   (Spanish Version)

- Harvard FFQ for Children   (English Version)

- Harvard FFQ for Children   (Spanish Version)

Important Note: The actual Harvard Women's and Children's questionnaires have the alternate items printed on a shaded background to facilitate reading across the frequency response categories. This is an important design feature which, unfortunately, could not be faithfully photo-copied on the examples printed in this Appendix. The questionnaires used in this validation study, obtained directly from Harvard School of Public Health, had the shaded items on them. An example of alternate shaded items can be seen on the Block FFQs in Appendix A.

> The Harvard Food Frequency
> Questionnaires can be purchased from:
>
> Dr. Jane Gardner
> Department of Maternal and Child Health
> Harvard School of Public Health
> 677 Huntington Avenue
> Boston, Massachusetts 02115
> (617) 432-1080
> Fax (617) 432-3755
> E-mail:JGardner@HSPH.HARVARD.EDU

Recommended Verbal Instruction for Administering the
Women's and Children's Food Frequency Questionnaires

1. Fill in the client identification information in the upper
    right hand corner. Be sure to fill this in completely as
    the information is necessary to carry out the analyses.

2. Provide the appropriate questionnaire, clipboard, and
    pencil. Say to the woman,

    "This is the form we would like you to fill out. It has
    three sides. We want you to think about what you ate (or
    your child ate) during the last four weeks. We know you
    can't remember exactly, but you probably have a good idea."

    Read the direction on the form aloud while pointing to them.

    "You select how often you ate the food from zero times in
    the last four weeks to six or more times each day," [point
    to the scale above the column].

    "Suppose you (or your child) drank one glass of milk [point
    to milk] everyday [point to per day]. Then you put an X or
    a check here [point]. This column is for foods you had just
    one to three times in the last four weeks [point]."

    "We are asking about serving of food, not tastes. So if you
    put an X here [point to ice cream, 6+/day], that would say
    that you had eaten six or more bowls of ice cream every day
    for the past four weeks. Use this column only for foods you
    ate a lot of every day. Remember to make a mark in this
    column [never] if you did not eat the food. It helps you to
    keep your place and it helps us to know that you did not
    forget a food."

3. Watch as the client fills out the first three foods to be
    sure she understands the instructions.

4. Collect the finished form and check for errors in
    completion, i.e., pages or rows not filled in, double marked
    rows, number of eggs.

Scale 75% of original

Template to Score Women's and Children's Nutrition Questionnaires

Please Follow the Directions in the Order Given

Milk Products and Fruits

1. Place this template on Page 1 so that the two shaded boxes show through the holes in the template.

2. Count the checks in each column, and write the numbers in the boxes beneath each column.

3. Using the colors above the boxes and the numbers in the boxes, compare with the following combinations for a match working from right to left. Once a match is found, mark the shaded box on the questionnaire with the symbol in the gray box (X or -) next to the matched combination.

   In the combinations, any number that crosses two or more small boxes is the TOTAL of those small boxes.

4. Once you have marked the shaded box, go to the next food group.*

Milk Products Combinations

4								-
						≥1		X
				≥2		O		X
			≥2	1		O		X
		≥1	1	1		O		X
	2	O	1	1		O		X
		≥3		O		O		X
No match								-

Fruits Combinations

≥10								-
						≥1		X
				≥2		O		X
		≥4	1			O		X
≥1	3	1				O		X
≥3	2	1				O		X
≥5	1	1				O		X
≥7	O	1				O		X
	≥7	O				O		X
≥2	6	O				O		X
≥4	5	O				O		X
≥6	4	O				O		X
8	3	O				O		X
No match								-

* The shaded box with the mark [X] indicates the minimum intake has been met or exceeded.
  The shaded box with the mark [-] indicates the minimum intake has not been met.

Scale 75% of original

Page 2

Vegetables

1. Place this template on Page 2 so that the shaded box shows through the hole in the template.

2. Count the checks in each column, and write the numbers in the boxes beneath each column.

3. Multiply the number in the box under B2 by 2. Add that result to the number in the box under B1, and write the sum in the circle.

4. Using the colors above the boxes, the numbers in the boxes, and the circle, compare with the following combinations for a match working from right to left. Once a match is found, mark the shaded box on the questionnaire with the symbol in the gray box (X or -) next to the matched combination.

   In the combinations, any number that crosses two or more small boxes is the TOTAL of those small boxes.

5. Once you have marked the shaded box go to the next food group.*

Vegetables Combinations

≥5	( )		0	0	-
	( )			≥2	X
	( )		≥1	1	X
	( )		≥3	0	X
	( )	≥2	2	0	X
	(≥2)	1	2	0	X
	(≥7)	0	2	0	X
	( )	≥3	1	0	X
	(≥2)	2	1	0	X
	(≥9)	1	1	0	X
	(≥14)	0	1	0	X
	( )	≥5	0	0	X
	(≥1)	4	0	0	X
	(≥6)	3	0	0	X
	(≥11)	2	0	0	X
	(≥16)	1	0	0	X
	(≥21)	0	0	0	X
No match					-

$$= B1 + (B2 \times 2)$$

---
* The shaded box with the mark (X) indicates the minimum intake has been met or exceeded.
The shaded box with the mark (-) indicates the minimum intake has not been met.

Scale 75% of original

Meats

1. Place this template on Page 3 so that the shaded box shows through the hole in the template.

2. Count the checks in each column, and write the numbers in the boxes beneath each column.

3. Make an adjustment for eggs by adding 1 to the number of one box, as shown below:

Number of eggs/wk	Women	Children
1	None	[+1]
2 or 3	[+1]	[+1]
4	[+1]	[+1]
5 or more	[+1]	[+1]

4. Using the colors above the boxes and the numbers in the boxes, compare with the following combinations for a match working from right to left. Once a match is found, mark the shaded box on the questionnaire with the symbol in the gray box (X or -) next to the matched combination.

   In the combinations, any number that crosses two or more small boxes is the TOTAL of those small boxes.

5. Once you have marked the shaded box, go to the next food group.*

Meats Combinations

≥6				0	0	-
					≥1	X
				≥2	0	X
			≥2	1	0	X
		≥1	1	1	0	X
	≥2	0	1	1	0	X
			≥3	0	0	X
		≥2	2	0	0	X
	≥2	1	2	0	0	X
	≥4	0	2	0	0	X
		≥5	1	0	0	X
	≥1	4	1	0	0	X
	≥3	3	1	0	0	X
	≥5	2	1	0	0	X
	7	1	1	0	0	X
		≥7	0	0	0	X
	≥2	6	0	0	0	X
	4	5	0	0	0	X
No match						-

---

* The shaded box with the mark (X) indicates the minimum intake has been met or exceeded.
  The shaded box with the mark (-) indicates the minimum intake has not been met.

Women

2-3	≥4					Eggs
+1	+1					

	+1	+1	+1		
	1	2-4	≥5		

Children

Scale 75% of original

Grains

1. Place this template on Page 3 so that the shaded box shows through the hole in the template.

2. Count the checks in each column, and write the numbers in the boxes beneath each column.

3. Using the colors above the boxes and the numbers in the boxes, compare with the following combinations for a match working from right to left. Once a match is found, mark the shaded box on the questionnaire with the symbol in the gray box (X or -) next to the matched combination.

   In the combinations, any number that crosses two or more small boxes is the TOTAL of those small boxes.

Grains Combinations 1

≥5					0		-
						≥1	X

4. If you have marked the shaded box, stop.* Otherwise, continue the following steps.

5. Multiply the numbers in the boxes by the numbers shown on the template, and write the results in the circles above the boxes. Add the values in the circles under the yellow, and write the sum in the white box. Add the values in the circles under the green, and write the sum in the box under the blue.

6. Compare the numbers in the white box and the box under the blue with the following combinations for a match working from right to left. Once a match is found, mark the shaded box on the questionnaire with the symbol in the gray box (X or -) next to the matched combination.

7. Once you have marked the gray box, stop.*

Grains Combinations 2

	≥6	X
≥7	5	X
≥14	4	X
≥21	3	X
≥28	2	X
≥35	1	X
≥42	0	X
No match		-

* The shaded box with the mark (X) indicates the minimum intake has been met or exceeded.
The shaded box with the mark (-) indicates the minimum intake has not been met.

		×1	×2	×5	×1	×2	×4	

Scale 75% of original

Foods You Ate in the Past 4 Weeks

Your Name: _____

This form will take about 15 minutes to complete.

OMB Disclosure Statement

Public reporting burden for this collection of information is estimated to vary from 10 - 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Agriculture Clearance Officer OIRM Room, 404-W. Washington, D.C. 20250; and to the Office of Management and Budget Paperwork Reduction Project (OMB NO 0578-0018), Washington, D.C. 20503.

BWE 5 ☐☐☐☐☐☐

Scale 75% of original

Women's Nutrition Questionnaire

Name _____
ID _____
Date _____
DOB _____
Pregnant   [ ]
    EDC _____
Breastfeeding   [ ]
    1st 6 months
Breastfeeding   [ ]
    2nd 6 months
Not Breastfeeding   [ ]

What Have You Been Eating Lately?

During the past 4 weeks, how often did you eat
a serving of each of the foods listed here?
Mark only one X for each food

	last 4 weeks		each week			each day				
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Milk										1
Hot chocolate										2
Cheese, plain or in sandwiches										3
Yogurt										4
Ice cream										5
Pudding										6

What kind of milk do you drink?

[ ] whole

[ ] lowfat

[ ] skim

	last 4 weeks		each week			each day				
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Orange or grapefruit										7
Orange juice or grapefruit juice										8
Apple juice										9
Other fruit drinks (Hi-C, Kool-aid, lemonade)										10
Banana										11
Apple or applesauce										12
Grapes										13
Peaches										14
Strawberries										15
Cantaloupe										16
Watermelon										17
Pineapple										18
Raisins or prunes										19

1

Scale 75% of original

Mark only one X for each food

How often did you eat a serving of these foods during the past 4 weeks?

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Corn										20
Peas (canned, frozen, or fresh)										21
Tomatoes										22
Peppers (green, red, hot)										23
Carrots										24
Broccoli										25
Green beans										26
Spinach										27
Greens (mustard, turnip, collards)										28
Squash, orange or winter										29
French fries, fried potatoes										30
Potatoes (baked, boiled, or mashed)										31
Sweet potatoes or yams										32
Cabbage or coleslaw										33
Lettuce salad										34
Salad dressing or mayonnaise										35

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Chips (potato, corn, others)										36
Nuts										37
Cookies or brownies										38
Cake or cupcake										39
Pie (pumpkin, sweet potato, or squash)										40
Other pie										41
Jello										42
Chocolate candy										43
Other candy										44
Coffee or tea										45
Soft drinks										46
Sugar-free soft drinks										47

2

Mark only one X for each food
How often did you eat a serving of these foods during the past 4 weeks?

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Baked beans or chili beans										48
Other dried beans, peas, or Lima beans										49
Rice										50
Spaghetti or other pasta with sauce										51
Pizza										52
Macaroni and cheese										53
Hot dogs										54
Hamburgers, meatballs, or meatloaf										55
Canned tuna										56
Cold cuts (baloney, ham, salami)										57
Peanut butter										58
Bread, toast, or rolls										59
Margarine or butter										60
Chicken or turkey										61
Pork chops, roast pork, or ribs										62
Steak or roast beef										63
Fish										64
Liver										65
Sausage										66
Bacon										67
Hot cereal or grits										68
Cold breakfast cereal										69
Donut										70
Sweet roll or muffin										71
Pancake, waffle, or French toast										72
English muffin or bagel										73
Biscuit										74
Cornbread or tortillas										75
Vegetable soup										76
Other soup										77
Crackers										78

How many eggs do you eat in one week? _   ◯   ☐

◯ ◯ ◯ ◯ ◯ ◯   ☐ ☐

☐

3

Cuestionario de Nutrición de Mujeres

| Nombre _____ |
| ID _____ |
| Fecha _____ |
| Fecha de Nacimiento _____ |
| Embarazada　　　　　　　[　] |
| EDC _____ |
| Dió el Pecho　　　　　　[　] |
| 　　Los primeros 6 meses |
| Dió el Pecho　　　　　　[　] |
| 　　Los segundos 6 meses |
| No Dió el Pecho　　　　　[　] |

¿Qué ha estado usted comiendo últimamente?

¿Durante las últimas 4 semanas, qué tan a menudo comió
usted una porción de cada alimento en la lista que sigue?

Marque solamente una X por cada comida

	últimas 4 semanas		cada semana			cada día				
Numero de veces	0	1-3	1	2-4	5-6	1	2-4	4-5	6+	
Leche										1
Chocolate caliente										2
Queso, sólo o en sandwich										3
Yogurt										4
Helado, nieve										5
Budín, pudín										6

¿Qué clase de leche bebe usted?

[　] leche entera

[　] leche parcialmente descremada (lowfat)

[　] leche descremada o desnatad (nonfat)

	últimas 4 semanas		cada semana			cada día				
Numero de veces	0	1-3	1	2-4	5-6	1	2-4	4-5	6+	
China (naranja) o toronja										7
Jugo de china (naranja) o jugo de toronja										8
Jugo de manzana										9
Otros jugos de frutas (Hi-C, Kool-aid lemonada)										10
Guineo, plátano o banano										11
Manzana o pure de manzana										12
Uvas										13
Melocoton, durazno										14
Fresas										15
Melón										16
Sandia, melón de agua										17
Piña										18
Pasas o ciruelas										19

1

Scale 75% of original

Marque solamente una X por cada comida

¿Qué tan a menudo comió usted una porción de ellos alimentos en las últimas 4 semanas?

Número de veces	últimas 4 semanas 0	1-3	cada semana 1	2-4	5-6	cada día 1	2-4	4-5	6+	
Maíz, elote										20
Guisante, chícharo (enlatado, congelado o fresco)										21
Tomates										22
Pimientos (verde, rojo o picante)										23
Zanahoria										24
Broccoli o brecol										25
Habichuelas verde, ejote										26
Espinaca										27
Verduras (nabo o acelga)										28
Calabaza										29
Papas fritas										30
Papas (asada o hervida o en puré)										31
Batata o ñame, camote										32
Repollo o ensalada de col										33
Ensalada de lechuga										34
Aderezo para ensalada o mayonesa										35

Numero de veces	últimas 4 semanas 0	1-3	cada semana 1	2-4	5-6	cada día 1	2-4	4-5	6+	
Papitas fritas, doraditas, chips de maíz o otras										36
Nueces										37
Galletas										38
Bizcocho, bizcochito redondo, pastel										39
Pastel, pie o empanada (calabaza o camote)										40
Otro pastel, pie o empanada										41
Jaleas, mermeladas										42
Dulce de chocolate										43
Otros dulces										44
Cafe o te										45
Refrescos										46
Refrescos sin azucar										47

2

Marque solamente una X por cada comida
¿Qué tan a menudo comió usted una porción de ellos alimentos en las últimas 4 semanas?

Número de veces	últimas 4 semanas 0	1-3	cada semana 1	2-4	5-6	cada día 1	2-4	4-5	6+	
Habichuelas asadas con chile, frijoles guisados										48
Otras habichuelas, frijoles secos, guisante, chicaro o haba										49
Arroz										50
Espaguetti u otra pasta con salsa										51
Pizza										52
Macarrones con queso										53
Hot dog										54
Hamburguesa, albóndiga o carne mechada, deshebrada										55
Atún de lata										56
Fiambres (bologna, jamón, salami), carnes frías										57
Mantequilla de maní, cacahuate										58
Pan, tostado o bolillos										59
Margarina o mantequilla										60
Pollo o pavo										61
Chuletas, carne de res o costillas										62
Bistec o rosbif										63
Pescado										64
Hígado										65
Salchichas										66
Tocino										67
Cereal caliente, avena o atole										68
Cereal frío para el desayuno										69
Donas										70
Pan dulce										71
Panque, hot cakes o French toast										72
English muffin o bagel										73
Bizcocho, bisquetes										74
Pan de maíz o tortilla										75
Sopa de verdura, caldo de verdura										76
Otras sopas, caldos										77
Galletas saladas										78

¿Cuántos huevos come usted en una semana? - - - - - - - - - - - - - - - - ○

Scale 75% of original

Children's Nutrition Questionnaire

Name _____

ID _____

Date _____

DOB _____

Age _____

Respondent

Mother [ ]

Other [ ] _____

What Has Your Child Been Eating Lately?

During the past 4 weeks, how often did your child
eat a serving of each of the foods listed here?

Mark only one X for each food

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Milk										1
Hot chocolate										2
Cheese, plain or in sandwiches										3
Yogurt										4
Ice cream										5
Pudding										6

What kind of milk does your child drink?

[ ] whole

[ ] lowfat

[ ] skim

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Orange										7
Orange juice										8
Apple juice										9
Other fruit drinks (Hi-C, Kool-aid, lemonade)										10
Banana										11
Apple or applesauce										12
Grapes										13
Peaches										14
Strawberries										15
Cantaloupe										16
Watermelon										17
Pineapple										18
Raisins										19

1

Scale 75% of original

Mark only one X for each food

How often did your child eat a serving of these foods during the past 4 weeks?

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Corn										20
Peas (canned, frozen, or fresh)										21
Tomatoes										22
Peppers (green, red, hot)										23
Carrots										24
Broccoli										25
Green beans										26
Spinach										27
Greens (mustard, turnip, collards)										28
Squash, orange or winter										29
French fries, fried potatoes										30
Potatoes (baked, boiled, or mashed)										31
Sweet potatoes or yams										32
Cabbage or coleslaw										33
Lettuce salad										34
Salad dressing or mayonnaise										35

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Chips (potato, corn, others)										36
Nuts										37
Cookies or brownies										38
Cake or cupcake										39
Pie (pumpkin, sweet potato, or squash)										40
Other pie										41
Jello										42
Chocolate candy										43
Other candy										44
Tea										45
Soft drinks										46
Sugar-free soft drinks										47

2

Scale 75% of original

Mark only one X for each food
How often did your child eat a serving of these foods during the past 4 weeks?

Number of times	last 4 weeks		each week			each day				
	0	1-3	1	2-4	5-6	1	2-3	4-5	6+	
Baked beans or chili beans										48
Other dried beans, peas, or Lima beans										49
Rice										50
Spaghetti or other pasta with sauce										51
Pizza										52
Macaroni and cheese										53
Hot dogs										54
Hamburgers, meatballs, or meatloaf										55
Canned tuna										56
Cold cuts (baloney, ham, salami)										57
Peanut butter										58
Bread, toast, or rolls										59
Margarine or butter										60
Chicken or turkey										61
Pork chops, roast pork, or ribs										62
Steak or roast beef										63
Fish										64
Liver										65
Sausage										66
Bacon										67
Hot cereal or grits										68
Cold breakfast cereal										69
Donut										70
Sweet roll or muffin										71
Pancake, waffle, or French toast										72
English muffin or bagel										73
Biscuit										74
Cornbread or tortillas										75
Vegetable soup										76
Other soup										77
Crackers										78

How many eggs does your child eat in one week?

3

Scale 75% of original

Cuestionario de Nutrición de Niños

¿Qué ha estado comiendo su niño últimamente?

¿Durante las últimas 4 semanas, qué tan a menudo comió
su niño una porción de cada alimento en la lista que sigue?

Marque solamente una X por cada comida

Nombre _____
ID _____
Fecha _____
Fecha de Nacimiento _____
EDAD_____
Respondedor
  Madre [ ]
  Otro   [ ] _____

	últimas 4 semanas		cada semana			cada día				
Número de veces	0	1-3	1	2-4	5-6	1	2-4	4-5	6+	
Leche										1
Chocolate caliente										2
Queso, sólo o en sandwich										3
Yogurt										4
Helado, nieve										5
Budín, pudín										6

¿Qué clase de leche bebe su niño?

[ ] leche entera

[ ] leche parcialmente descremada (lowfat)

[ ] leche descremada o desnatad (nonfat)

	últimas 4 semanas		cada semana			cada día				
Número de veces	0	1-3	1	2-4	5-6	1	2-4	4-5	6+	
China (naranja)										7
Jugo de china (naranja)										8
Jugo de manzana										9
Otros jugos de frutas (Hi-C, Kool-aid lemonada)										10
Guineo, plátano o banano										11
Manzana o puré de manzana										12
Uvas										13
Melocoton, durazno										14
Fresas										15
Melón										16
Sandía, melón de agua										17
Piña										18
Pasas										19

1

Scale 75% of original

Marque solamente una X por cada comida

¿Qué tan a menudo comió su niño una porción de ellos alimentos en las últimas 4 semanas?

	últimas 4 semanas		cada semana			cada día				
Número de veces	0	1-3	1	2-4	5-6	1	2-4	4-5	6+	
Maíz, elote										20
Guisante, chícharo (enlatado, congelado o fresco)										21
Tomates										22
Pimientos (verde, rojo o picante)										23
Zanahoria										24
Broccoli o brecol										25
Habichuelas verde, ejote										26
Espinaca										27
Verduras (nabo o acelga)										28
Calabaza										29
Papas fritas										30
Papas (asada o hervida o en puré)										31
Batata o ñame, camote										32
Repollo o ensalada de col										33
Ensalada de lechuga										34
Aderezo para ensalada o mayonesa										35

	últimas 4 semanas		cada semana			cada día				
Número de veces	0	1-3	1	2-4	5-6	1	2-4	4-5	6+	
Papitas fritas, doraditas, chipe de maíz o otras										36
Nueces										37
Galletas										38
Bizcocho, bizcochito redondo, pastel										39
Pastel, pie o empanada (calabaza o camote)										40
Otro pastel, pie o empanada										41
Jaleas, mermeladas										42
Dulce de chocolate										43
Otros dulces										44
Te										45
Refrescos										46
Refrescos sin azucar										47

2

Marque solamente una X por cada comida
¿Qué tan a menudo comió su niño una porción de ellos alimentos en las últimas 4 semanas?

Número de veces	últimas 4 semanas		cada semana			cada día				
	0	1-3	1	2-4	5-6	1	2-4	4-5	6+	
Habichuelas asadas con chile, frijoles guisados										48
Otras habichuelas, frijoles secos, guisante, chicaro o haba										49
Arroz										50
Espaguetti u otra pasta con salsa										51
Pizza										52
Macarrones con queso										53
Hot dog										54
Hamburguesa, albóndiga o carne mechada, deshebrada										55
Atún de lata										56
Fiambres (bologna, jamón, salami), carnes frías										57
Mantequilla de maní, cacahuate										58
Pan, tostado o bolillos										59
Margarina o mantequilla										60
Pollo o pavo										61
Chuletas, carne de res o costillas										62
Bistec o rosbif										63
Pescado										64
Hígado										65
Salchichas										66
Tocino										67
Cereal caliente, avena o atole										68
Cereal frio para el desayuno										69
Donas										70
Pan dulce										71
Panque, hot cakes o French toast										72
English muffin o bagel										73
Bizcocho, bisquetes										74
Pan de maiz o tortilla										75
Sopa de verdura, caldo de verdura										76
Otras sopas, caldos										77
Galletas saladas										78

¿Cuántos huevos come su niño en una semana? _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Scale 75% of original